

JCE16 U.S. PTO
06/05/00

06-06-00

A

Please type a plus sign (+) inside this box → ☐

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No. 600-1-081 CON
	First Inventor or Application Identifier Steinman
	Title Identification of DEC, A Receptor with C-Type
	Express Mail Label No. EL485953805US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 96] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 26]	ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none">7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)9. <input type="checkbox"/> English Translation Document (if applicable)10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations11. <input type="checkbox"/> Preliminary Amendment12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)13. <input type="checkbox"/> * Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)15. <input type="checkbox"/> Other:	
4. Oath or Declaration [Total Pages <input]]<ul="" type="checkbox"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).		
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).		
16. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 08/381,528 Prior application information: Examiner R. Schwadron Group / Art Unit: 1644 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		

17. CORRESPONDENCE ADDRESS	
<input type="checkbox"/> Customer Number or Bar Code Label	or <input type="checkbox"/> Correspondence address below
<small>(Insert Customer No. or Attach bar code label here)</small>	
Name	David A. Jackson
	Klauber & Jackson
Address	Continental Plaza
	411 Hackensack Avenue
City	Hackensack
State	New Jersey
Zip Code	07601
Country	U.S.A.
Telephone	1(201)487-5800
Fax	1(201)343-1684

Name (Print/Type)	Michael A. Yamin	Registration No. (Attorney/Agent)	44,414
Signature	<i>Michael A. Yamin</i>	Date	06/05/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.